

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR		1. Department Address		ARCHIVES AND HISTORY	
Application Date 8-2-78		Department of Human Resources Division of Vocational Rehabilitation Director's Office 47 Trinity Ave., Room 609-S Atlanta, Ga. 30334		Application Number 75-248-A	
Application Number 57				Date Received AUG 1 1978	
2. Person to Contact Harold Harpe		Working Title		Telephone Number 656-6495	
3. Action Requested					
a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate.					
b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated.					
c. <input checked="" type="checkbox"/> Amend Application No. 75-248 Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void					
4. Dates of Series		5. Records Series Title (followed by title used in office, if different)			
Earliest 1950	Latest Present	Vocational Rehabilitation Client Reference Card Files			
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?					
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.					
Documents relating to: maintaining a client reference index card on each client serviced by the program.					
Included are: "Rehabilitation Client Reference Card (4 x 6 Form DVR-100)," identifying case number, caseload number, referral date, client name, vital statistics, service status, disability, date closed, closure status, and related information.					
File is arranged: alphabetically by name of client.					
8. Monthly Reference Rate		How often are records referred to which are:			
One to six months old _____ ;		Seven to twelve months old _____ ;			
twenty-five months and older _____ ?		Thirteen to twenty-four months old _____ ;			
9. Annual Rate of Accumulation or Records					
Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____					

YES	NO	10. Questionnaire (Place an "X" in the proper column)
	X	a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept: 3 years

- | | | | |
|--------------------------|--------------|-----------------------------------|-----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | <u>3</u> Years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

SEE ATTACHED SHEET

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Harold J. Large</i>	8-1-78	<i>W. J. McDonald</i> DHR RMO	8-1-78

State Records Committee (Signature)		Date
State Auditor/Designee	<i>W. M. Dixon</i>	9-12-78
Secretary of State/Designee	<i>Carole Hart</i>	8-28-78
Attorney General/Designee	<i>Paula Sheel</i>	9-13-78

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)

Department of Human Resources
Division of Vocational Rehabilitation
Director's Office
47 Trinity Ave., Room 609-S
Atlanta, Ga. 30334

#12

Division Office Copy -

Cut off file at the end of the fiscal year; then destroy.

District Office Copy -

Upon notification of closure of case place index card in the inactive file; cut-off inactive file at the end of the fiscal year; hold for 3 years then destroy. Earlier destruction is authorized based on office needs.

Counselor's Copy -

Upon notification of closure of case place index card in the inactive file; cut-off inactive file at the end of the fiscal year; hold for 3 years then destroy. Earlier destruction is authorized based on office needs.

STATE
OF
GEORGIAApplication for
RECORDS DISPOSITION STANDARDOFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISIONPAGE
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1598-02

1. Application Date 10/22/75	INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE		
2. Agency Application No. DHR-5		Date Received OCT 24 1975	Application No. 75-248	Date Completed NOV - 5 1975
3. Agency Division, Submission & Administering Office Address Department of Human Resources Division of Vocational Rehabilitation Director's Office 47 Trinity Avenue, Room 609-S Atlanta, Ga. 30334		4. Person in Charge Nathan Nolan		
		5. Working Title Director	6. Tel. No. 656-2621	

7. ACTION REQUESTED	
<input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE.	<input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series 1950 - Present	9. Exact Series Title Vocational Rehabilitation Client Reference Card Files
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10. What is the function of the office in which this record series is created?

The Division of Vocational Rehabilitation is responsible for supervising and directing the programs in the State which are designed for training the nonproductive members of society to become productive members of society, with emphasis on serving the severely disabled on a priority basis.

Administration Services Unit has the responsibility for Division budget, cost allocation, research, personnel services and data edit activities.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to maintaining a Vocational Rehabilitation client reference index card on each client serviced by the program.

Included are "Rehabilitation Client Reference Card" (4 x 6), Form DVR-100 identifying case number, caseload number, referral date, client name, vital statistics, service status, disability, date closed and closure status and related information.

Files are arranged alphabetically by client's name.

ATTACH SAMPLES OF THE FILE

EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers		Cu. Ft. of Records	
				In Office(s)	In Storage Area(s)		
Letter-size File Drawers				2 (3x5)	1		
Legal-size File Drawers			Floor Space Occupied (Square Feet)	7			
3 x 5 Dbl. Drawer	15	7		This Year's	Last Year's	Preceding Year's	All Prior Years
			AVERAGE DAILY REFERENCES	10	1	1	1

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain.

YES NO

13. Is this the Record Copy of the series? ☒ []
14. Is there a duplication of this series in another office or agency? ☒ []
Duplicate copies are maintained in District Office and Counselor Files.
15. Is the information contained in this series ever summarized or published? ☐ [] ☒ [X]
Attach copy of summary or publication.
16. Does the series contain classified information requiring security handling? ☒ [] ☐ [X]
Confidential client information.
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ [] ☒ [X]
18. Could the function be performed if the files were lost or destroyed? ☒ [] ☐ [X]
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ [] ☒ [X]
20. Does the record series provide data as input to an EDP file? ☐ [] ☒ [X]
21. Does the record series contain documentation produced as EDP printout? ☐ [] ☒ [X]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☐ [] ☒ [X]
23. Will there be a need for these records 10, 15 years from now? If yes, what? See ☒ [X] ☐ []

Attached Sheet)

24. REQUIREMENTS. The following requires the files to be kept 15 years:

- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☐ FEDERAL LAW e. ☒ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☐ [] CALENDAR YEAR ☐ [] FISCAL YEAR ☒ [X] OTHER _____, then:

- ☐ [] Hold in the current files area _____ month(s)/ _____ year(s):
- ☐ [] Transfer to ☐ [] State Records Center ☐ [] Local Holding Area; hold _____ year(s):
- ☐ [] Destroy.
- ☐ [] Transfer to State Archives for permanent retention.
- ☐ [] Destroy immediately after cut-off.
- ☒ [X] Other: (Specify)

See Attached Sheet

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
William J. McDermott	10-20-75	William B. Nolan	10-27-75
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	William M. Dixon	11-4-75
	State Auditor/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	Carroll Hart	11-3-75
	Secretary of State/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	W. M. Threl	11-5-75
	Attorney General/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved		

**STATE RECORDS
COMMITTEE**

Department of Human Resources
Division of Vocational Rehabilitation
Director's Office
47 Trinity Avenue, Room 609-S
Atlanta, Ga. 30334

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Client Reference Index Card will be the only source of client's participation in the program. All other case records will be destroyed, (Standard # 73-142).

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- | | | |
|----------------------|---|--|
| Division Office Copy | - | Upon notification of closure of case, place index card in the inactive file; then beginning July 1975 (FY 76) cut-off inactive file in blocks of 5 years; then hold 5 year accumulation in current files for 5 years; then transfer to State Records Center; hold for 10 years then destroy. |
| District Office Copy | - | Upon notification of closure of case place index card in the inactive file; cut-off inactive file at the end of the fiscal year; hold for 3 years then destroy. Earlier destruction is authorized based on office needs. |
| Counselor's Copy | - | Upon notification of closure of case place index card in the inactive file; cut-off inactive file at the end of the fiscal year; hold for 3 years then destroy. Earlier destruction is authorized based on office needs. |